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\*\* CONTINUING DATA \*\*\*\*\* *none of*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none of*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 11	TOTAL CLAIMS 28 13	INDEPENDENT CLAIMS 8 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Cja</i> Examiner's Signature	Initials			

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## TITLE

METHOD AND APPARATUS FOR AUTOMATED MANUFACTURE OF A PROBE TIP

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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